United States District Court

DISTR	RICT OF
DOUGLAS C. GREER, Plaintiff,	SUMMONS IN A CIVIL CASE
V. CITY OF SPRINGFIELD, JEFFREY M.	CASE NUMBER: 05-30001-MAP
ASHER, JAMES F. KERVICK, JAMES L. SHEWCHUCK, JAMES M. MORIARTY,	
JOHN DOES Nos. 1-4, JOHN DOE No. 5, and PAULA MEARA, CHIEF OF POLICE,	
Defendants, TO: (Name and address of defendant)	
City of Springfield City Clerk's Office, 1st Floor	
36 Court Street Springfield, MA 01103	
YOU ARE HEREBY SUMMONED and required to s	serve upon PLAINTIFF'S ATTORNEY (name and address)
Walter B. Prince, Esq. Prince, Lobel, Glovsky & Tye LLP 585 Commercial Street	
Boston, MA 02109-1024	
an answer to the complaint which is herewith served upo	on you, within 20 days after
service of this summons upon you, exclusive of the day of se against you for the relief demanded in the complaint. You me reasonable period of time after service.	ervice. If you fail to do so, judgment by default will be taken
TONY ANASTAS	1/18/05 DATE
	DATE / /
(BY) DEPUTY CLERK	

AO 440 (Rev. 10/93) Summons in a Civil Action		
RETURN OF	SERVICE	
Service of the Summons and Complaint was made by me	DATE 1/20/05	
NAME OF SERVER (PRINT) JOSEPH L. EdwARds, JR.	1/20/05 TITLE Attorney	
Check one box below to indicate appropriate method of ser	rvice	
Served personally upon the defendant. Place where se	erved:	
Left copies thereof at the defendant's dwelling house or discretion then residing therein. Name of person with whom the summons and compla		
Returned unexecuted:		
Other (specify): Certified Mail		
STATEMENT OF		
TRAVEL SERVICES	TOTAL	
DECLARATION OF SERVER		
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.		
Executed on $\frac{1/20/05}{Date}$	Signature of Server	
	585 Commercial St Boston: MA 62109 Address of Server	
*		
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UNITED STATES POSTAL SERVICE



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Sender: Please print your name, address, and ZIP+4 in this box

Prince, Lobel, Glovsky & Tye 585 Commercial Street Boston, MA 02109 Attn: Joseph L. Edwards, Jr.

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: City of Springfield City Clerk's Office, 1st Floor 36 Court Street 	A. Signature X
Springfield, MA 01103	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7003 1680 0000	8668 2759
PS Form 3811. February 2004 Domestic Ret	urn Receipt 102595-02-M-1540